

1AP7 Rec'd PCT/PTO 01 AUG 2006

PTO-1390 (Rev. 02-2005)

Approved for use through 3/31/2007. OMB 0651-0021

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371		ATTORNEY'S DOCKET NUMBER 2003P19019WOUS <div style="font-size: 1.5em; font-weight: bold; margin-top: 5px;">10/588023</div> U.S. APPLICATION NO. (If Known, see 37 CFR 2.5) NOT YET ASSIGNED
INTERNATIONAL APPLICATION NO. PCT/EP2005/050353	INTERNATIONAL FILING DATE January 27, 2005	PRIORITY DATE CLAIMED February 5, 2004
TITLE OF INVENTION METHOD FOR OPTICAL TRANSMISSION OF A POLARIZATION DIVISION MULTIPLEXED SIGNAL		
APPLICANT(S) FOR DO/EO/US <p style="text-align: center;">Nancy Hecker, Dirk van den Borne</p>		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
<ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a submission under 35 U.S.C. 371. 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input checked="" type="checkbox"/> The US has been elected (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371 (c)(2)). <ol style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ol style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371 (c)(4)). 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). 		
Items 11 to 20 below concern document(s) or information included:		
<ol style="list-style-type: none"> 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A preliminary amendment. 14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76. 15. <input checked="" type="checkbox"/> A substitute specification. 16. <input type="checkbox"/> A power of attorney and/or change of address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 - 1.825. 18. <input type="checkbox"/> A second copy of the published International Application 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input checked="" type="checkbox"/> Other items or information: (a) RETURN RECEIPT POSTCARD; (b) A POWER OF ATTORNEY IS INCLUDED IN DECLARATION; (c) CLEAN COPY OF ABSTRACT; (d) MARKED UP VERSION OF SUBSTITUTE SPECIFICATION; (e) COVER PAGE OF PCT APPLICATION PCT/EP2005/050353; (f) INTERNATIONAL SEARCH REPORT; (g) WRITTEN OPINION OF THE INTERNATIONAL SEARCHING AUTHORITY; (h) INT'L PRELIMINARY REPORT ON PATENTABILITY 		

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

AP20 Rec'd PCT/PTO 01 AUG 2006

PTO-1390 (Rev. 02-2005)

Approved for use through 3/31/2007. OMB 0651-0021

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (If Known See 37 CFR 1.53) <div style="font-size: 2em; font-weight: bold; margin-top: 5px;">10/588023</div>		INTERNATIONAL APPLICATION NO. PCT/EP2005/050353		ATTORNEY'S DOCKET NUMBER 2003P19019WOUS	
The following fees are submitted:				CALCULATIONS	PTO USE ONLY
21. <input checked="" type="checkbox"/> Basic national fee..... \$ 300				\$ 300.00	
22. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4) \$ 100 All other situations..... \$ 200				\$ 200.00	
23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... \$ 100 International Search Report prepared and provided to the Office..... \$ 400 All other situations..... \$ 500				\$ 400.00	
TOTAL OF 21, 22 AND 23 =				\$ 900.00	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
- 100 =	/50 =		X \$250		
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(h)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total Claims	11 - 20 =		x \$ 50	\$	
Independent claims	3 - 3 =		x \$200	\$	
MULTIPLE DEPENDENT CLAIMS(S) (if applicable)			+ \$ 360	\$	
TOTAL OF ABOVE CALCULATIONS =					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.					
SUBTOTAL =				\$ 900.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).				\$	
TOTAL NATIONAL-FEE =				\$	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				\$	
TOTAL FEES ENCLOSED =				\$ 900.00	
				Amount to be refunded:	\$
				Amount to be charged:	\$
a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed. b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>19-2179</u> in the amount of \$ <u>900.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>19-2179</u> . A duplicate copy of this sheet is enclosed. d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.					
SEND ALL CORRESPONDENCE TO: Siemens Corporation Intellectual Property Department 170 Wood Avenue South Iselin, NJ 08830 732-321-3026				<div style="margin-bottom: 10px;"> SIGNATURE </div> <div style="display: flex; justify-content: space-between;"> <div> JOHN P. MUSONE NAME 407-736-6449 </div> <div> August 1, 2006 DATE 44,961 </div> </div> <div style="text-align: center; margin-top: 10px;"> REGISTRATION NUMBER </div>	

PLEASE PRE.

BEST AVAILABLE COPY

UNITED STATES POSTAL SERVICE®

EXTREMELY URGENT

Do Not Rush To Addressee

www.usps.com

10/588023

EQ762531042US

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 1040 1

[illegible]

UNITED STATES POSTAL SERVICE

DELIVERY (POST OFFICE ONLY)

Delivery Attempt: _____ to _____

No.	Day	Time	Employer
1	Delivery Attempt	Time	Employer
2	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
3	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
4	Delivery Date	Time	Employer
5	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
6	Day	Time	Employer
7	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
8	Day	Time	Employer
9	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
10	Day	Time	Employer
11	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
12	Day	Time	Employer
13	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
14	Day	Time	Employer
15	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
16	Day	Time	Employer
17	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
18	Day	Time	Employer
19	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
20	Day	Time	Employer
21	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
22	Day	Time	Employer
23	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
24	Day	Time	Employer
25	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
26	Day	Time	Employer
27	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
28	Day	Time	Employer
29	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
30	Day	Time	Employer
31	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
32	Day	Time	Employer
33	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
34	Day	Time	Employer
35	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
36	Day	Time	Employer
37	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
38	Day	Time	Employer
39	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
40	Day	Time	Employer
41	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
42	Day	Time	Employer
43	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
44	Day	Time	Employer
45	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
46	Day	Time	Employer
47	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
48	Day	Time	Employer
49	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
50	Day	Time	Employer
51	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
52	Day	Time	Employer
53	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
54	Day	Time	Employer
55	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
56	Day	Time	Employer
57	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
58	Day	Time	Employer
59	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
60	Day	Time	Employer
61	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
62	Day	Time	Employer
63	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
64	Day	Time	Employer
65	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
66	Day	Time	Employer
67	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
68	Day	Time	Employer
69	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
70	Day	Time	Employer
71	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
72	Day	Time	Employer
73	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
74	Day	Time	Employer
75	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
76	Day	Time	Employer
77	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
78	Day	Time	Employer
79	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
80	Day	Time	Employer
81	Mo.	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Regular <input type="checkbox"/> Extra
82	Day	Time	Employer

FOR PICKUP OR TRACKING
Visit **www.usps.com**
Call 1-800-232-4373

FOR PICKUP OR TRACKING

7212
 Station PCH
 COMMISsIONER FOR PATENTS
 Alexandria, VA 22313-1495
 AUG 0 1 2008
 USPTO MAIL CENTER
 ZIP + 4 (U.S. ADDRESS ONLY) DO NOT USE FOR FOREIGN POSTAL CODE
 POSTAGE WILL BE PAID BY ADDRESSEE
 POSTAL SERVICE
 PERMIT NO. 1000
 ALEXANDRIA, VA
 POST OFFICE BOX 1495
 ALEXANDRIA, VA 22313-1495